

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3534ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/20/2010
NAME OF PROVIDER OR SUPPLIER DIGESTIVE DISEASE CENTER 2		STREET ADDRESS, CITY, STATE, ZIP CODE 2700 CRIMSON CANYON DRIVE LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 00	<p>INITIAL COMMENTS</p> <p>Surveyor: 26855 This Statement of Deficiencies was generated as a result of a State Licensure focused survey conducted in your facility on 01/20/10 and finalized on 01/20/10, in accordance with Nevada Administrative Code, Chapter 449, Surgical Centers for Ambulatory Patients.</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	A 00		
A102 SS=F	<p>NAC 449.983 Protection from Fire and Other Disaster</p> <p>1. The administrator shall ensure that the center, members of the staff and patients are adequately protected from fire or other disasters. He shall prepare a written plan describing all actions to be taken by the members of the staff and patients in the case of any such incident. This plan must be approved by the governing body and the local fire department and must include provisions for:</p>	A102		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3534ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/20/2010
NAME OF PROVIDER OR SUPPLIER DIGESTIVE DISEASE CENTER 2			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 CRIMSON CANYON DRIVE LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A102	Continued From page 1 (i)A rehearsal and a review of the plan at least once each year with a separate rehearsal for other disasters at least once each year. A written report and evaluation of each rehearsal must be on file. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview and record review the facility failed to ensure a separate rehearsal for disasters was conducted and documented yearly. Severity: 2 Scope: 3	A102			
A112 SS=D	NAC 449.9855 PERSONNEL 2. Each employee of the center must: (a) Have a skin test for tuberculosis in accordance with NAC 441A.375. A record of each test must be maintained at the center. This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview and record review the facility failed to ensure 2 out of 7 staff members had an initial two step Mantoux tuberculin skin test completed upon hire in accordance with NAC 441 A.375. ((Employees # 1, # 4) Severity: 2 Scope: 1	A112			
A125 SS=F	NAC 449.988 Nursing Staff 2. A sufficient number of members of the nursing staff must be on duty at all times to ensure that proper care is provided to each patient. A sufficient number of registered nurses must be on duty at all times to ensure the immediate availability of a registered nurse for the care of any patient. A person who is not a registered	A125			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3534ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/20/2010
NAME OF PROVIDER OR SUPPLIER DIGESTIVE DISEASE CENTER 2			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 CRIMSON CANYON DRIVE LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A125	Continued From page 2 nurse may be assigned to care for a patient to the extent consistent with his education, experience and authorized scope of practice. This Regulation is not met as evidenced by: Surveyor: 26855 Based on observation, interview and document review the facility failed to ensure there was a sufficient number of registered nurses on duty at all times to ensure proper care and supervision was provided to patients in the pre-operative area. 1. On 01/20/10 at 9:20 AM the Administrator reported she was functioning as a pre-op nurse, procedure/circulating nurse and administrator of the facility. There was one other registered nurse on staff monitoring patients in a separate 5 bed post operative area. Patients in the pre-operative area were not visualized or monitored by nursing staff when the administrator was busy assisting in the procedure room. Severity: 2 Scope: 3	A125			
A137 SS=E	NAC 449. 9885 Medical Records: Maintenance 9. Each record must be protected against loss, destruction or unauthorized use. This Regulation is not met as evidenced by: Surveyor: 26855 Based on observation and interview the facility failed to ensure medical records stored at the facility were protected and kept secure. 1. On 01/20/10 at 11:10 AM the door to the medical records office where medical records were being stored was left unlocked and wide open. There was no staff member present monitoring the security of the medical records at that time.	A137			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS3534ASC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 01/20/2010
NAME OF PROVIDER OR SUPPLIER DIGESTIVE DISEASE CENTER 2			STREET ADDRESS, CITY, STATE, ZIP CODE 2700 CRIMSON CANYON DRIVE LAS VEGAS, NV 89128		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A137	Continued From page 3 Severity: 2 Scope: 2	A137			
A167 SS=E	NAC 449.9905 Pharmacist Required 5. Drugs may not be kept in stock after the expiration date on the label. Obsolete, contaminated or deteriorated drugs must be destroyed. This Regulation is not met as evidenced by: Surveyor: 26855 Based on observation, interview and the facilities medication storage policy and procedure review, the facility failed to ensure expired medications located in cabinets in the post-operative area and the facilities crash cart were removed from stock. Severity: 2 Scope: 2	A167			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.